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Southcrest Nursing Home

Inspection report

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Southcrest
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection was carried out on 11 September 2017 and was unannounced.

Southcrest is registered to provide accommodation with nursing and personal care for a maximum of 40 people. There were 34 people living at the home on the day of our inspection. People's rooms are spread over three floors which are accessed by stairs or a passenger lift. People have access to the communal areas on each floor and to the garden area.

A registered manager was in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. Although the registered manager was not present for this inspection we received assistance and support from the deputy manager.

At the last inspection on 5 August 2015, the service was rated Good overall with the key question in 'safe' rated as Requires improvement. This was because staff's medicine administration practices did not consistently show people's medicines were managed safely. The registered manager and her team had made the required improvements identified at our last inspection to ensure people had their medicines administered safely to meet their health needs

At this inspection we found the service remained Good overall. However, the rating in the key question of 'safe' remains as Requires improvement. This was because the preventive practices to ensure avoidable risks of potential cross infections and environmental trip hazards were not consistently reduced. Other risks associated with people's care were identified and staff were knowledgeable about those risks and how to manage them. People were consistently protected from the risk of harm by staff who understood their responsibility to report any concerns about people's welfare.

People had various reasons for feeling safe while they lived at the home which included staff who had knowledge of their care needs and being available to support their requests. The differences in the staff teams skills had been assessed alongside the numbers of staff required so people's care and safety was not compromised. Where staff vacancies existed the registered manager showed they were taking action by methods of the on-going recruitment of staff to decrease the need for agency staff. This would be an aid to strengthen people's opportunities to build relationships with staff and receive care from staff they were familiar with.

People were confident their care and health needs were effectively responded to and met by staff who had the knowledge to do this. Staff had been provided with the training and support they required to support people's specific needs. Staff also worked closely with doctors and where required dieticians and speech and language therapists to ensure they knew about people's nutritional preferences, allergies and special dietary requirements. People enjoyed their meals and were able to choose what they wanted to eat.

People were supported to have maximum choice and control of their lives and staff assisted them in the least restrictive way possible; the provider's policies and systems supported this practice. Staff respected people's right to consent and make their own decisions about their care and treatment. Where people did not have capacity to make their own decisions, systems were in place to support the ethos of people's decisions being made in their best interests.

People were complimentary about how staff supported them with kindness and thoughtfulness by staff who knew them well. People were confident staff practices were inclusive so people were supported to be involved in making their own choices in all areas of their daily life. Staff supported people to keep their dignity and encouraged people to remain as independent as possible with their privacy and confidentiality respected.

The caring nature of the management was reflected in the areas of on-going improvements. They had identified areas of the home environment had signs of wear and tear which included bathroom suites and showers. There was work in progress to the home environment so people could enjoy their surroundings and their home was a pleasant place to live.

People's care and support continued to be individual to them. The deputy manager and staff told us further work was in hand to improve the regularity of fun and interesting things for people to do. A new activities coordinator had been employed to support people to follow their individual recreational interests together with continuing to provide occasions where people were able to choose to be part of a group activity.

Staff continued to work for the benefit of people who lived at the home and supported a positive and open culture. People and their relatives felt involved in what happened and gave positive comments about the quality of care which was offered. People knew how to make a complaint if they wished to do so. The registered manager used quality checks to drive through actions which were based on continuous improvements. The registered provider was updated regularly by the management team so they were able to check their systems continued to be effective in assessing and monitoring the quality of the care provided.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

People felt safe living at the home however there were some practices which did not consistently provide full precautions to people from avoidable risks.

Staff were able to recognise any signs of potential abuse and had an awareness of who to report concerns to.

There were sufficient staff to make sure people's needs were met and their safety was not compromised. Medicines were managed well and available for people as prescribed.

Requires Improvement ●

Is the service effective?

The service remains Good.

Good ●

Is the service caring?

The service remains Good.

Good ●

Is the service responsive?

The service remains Good.

Good ●

Is the service well-led?

The service remains Good.

Good ●

Southcrest Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection which took place on 11 September 2017 by one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using, or caring for someone who uses, this type of service and has knowledge about people living with dementia.

We looked at the information held about the provider and service which included events which we had been notified about, such as any serious injuries to people. We asked various organisations who funded and monitored the care people received, such as the local authority. We also sought information from Healthwatch who are an independent consumer champion, which promotes the views and experiences of people who use health and social care.

In addition the provider had completed a provider information return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used these different sources of information to assist in planning and undertaking this inspection.

We spoke with seven people who lived at the home and four relatives to gain their views about what it was like to live at the home. During different parts of the day we spent time with people and saw the care they were offered and support with. We sampled four people's care plans and daily records to see how their care was planned and delivered. In addition we looked at five people's medicine records and saw part of a morning medicine round to gain an insight into how people were supported with their medicines.

We spoke with three care staff, the administrator and a maintenance person about what it was like to work at the home. We talked with the deputy manager about the management arrangements. We saw records which showed how staff were trained to provide care and support appropriate to each person's needs. We looked at how accidents and incidents were analysed and actions taken to reduce risks. In addition, we saw

the registered provider's and registered manager's quality monitoring systems to see what steps had been taken and planned to improve the quality of the service.

Following this inspection we spoke with a further six relatives by telephone and received copies of the complaints and compliments received along with minutes from staff meetings.

Is the service safe?

Our findings

At our last inspection in August 2015 we found inconsistencies in the administration of some people's medicines and the registered provider was required to make improvements. During this inspection we found the management team and the registered provider had positively responded to our report and taken action to address the issues we found.

We saw people had staff support and the equipment they required to reduce risks of avoidable harm. One person told us they felt safe because staff knew them well and understood they required a wheelchair, as their physical abilities had decreased. In addition we saw people had plans in place in the event of a fire and how to support people to move and associated risks so these could be reduced. Another person said, "I do feel quite safe and secure in the knowledge staff are around so nobody strange can enter. I hear fire alarms go off, if there is a fire they [staff] know what to do."

However, we found there were some differences in the application of precautionary measures to reduce risks to people from cross infections. We saw staff did not consistently place their knowledge into practice when carrying soiled items. For example some staff carried soiled items out of people's rooms into corridor areas without wearing protective aprons. These practices potentially placed people at risk from infections. Staff we spoke with knew there was a requirement to wear protective aprons when undertaking assistance with people's care in their rooms. However, they had not realised protective aprons should not be removed on exiting people's rooms if they were carrying soiled items.

In addition we saw other aspects of staff practices which had the potential to place people at risk from infections because towels were left in communal areas. One staff member told us they had taken too many towels into the bathroom and had not used all these. However, the staff member recognised they should have put the towels not used in to be laundered as there was a risk these would be used by another person. In one bathroom area paper towels were loose which created a potential for cross infections even though the towel dispenser had towels in it. Although staff had received training in infection prevention and control the deputy manager told us they would be ensuring staff's knowledge was refreshed.

There was on-going refurbishment of the home environment however we identified some areas of worn carpet which were a potential trip hazard to both people who lived at the home and staff. We spoke with the deputy manager and a maintenance person who acknowledged our concerns. Usually staff would write any daily identified repairs which required doing in a book for maintenance staff to attend to and rectify. However, on this occasion we saw staff had not done this. We saw the maintenance person took direct action to reduce the risks and showed us the new schedule they were starting on the day of our inspection to check areas of the home environment. This new schedule was a weekly addition to the management's environmental checks.

People felt there were sufficient staff to respond to their needs at times they needed assistance so their safety was maintained. One person told us, "If I need help they [staff] usually come pretty quick, depends on how busy they are, they come and let me know if I have to wait a while." One relative said, "I feel there are

enough carers [staff], there is always someone around doing stuff." Although staff were busy we saw they spoke with people when providing support and did not rush people which could impact upon people's safety. Staff told us there were usually sufficient staff on duty to meet people's individual needs and when there was not due to unplanned staff absences the management team employed agency staff so shortfalls were addressed. We saw this happened on the day of our inspection to avoid the risks of people's needs not being met safely due to insufficient staffing numbers. In addition the registered manager had arrangements in place to assure themselves new staff were suitable to support people who lived at the home. We spoke with one staff member who confirmed they did not start working at the home until employment and background checks had been completed.

Staff understood how to maintain people's safety by knowing how to provide the support required and how to reduce risks to people's welfare by reporting any concerns of harm and abuse. Staff knew how to identify abuse and who to report their concerns to which included the role of the local authority to investigate and take actions to keep people safe from the risk of harm. One staff member told us, "I done training on safeguarding and how to identify abuse and neglect. [Registered manager's name] is always ready to listen to our concerns if we have any."

People told us they received the medicines they needed when they needed them, particularly pain relief medicine. One person told us, "I get my tablets on time and if I am in pain, they get something for me." We saw the nurse checked with people whether they required any pain relief as they undertook the morning medicine round. Where people needed medicines to manage their feelings of pain or anxiety, there was a record of the reasons people may need these and we saw people were asked and received them promptly. Records were available to show when people took their medicines and any reason why they had been declined. Medicines were stored safely and securely. For example, the registered provider had arrangements in place for medicines which required stricter controls by law. We saw these were stored correctly and records kept in line with the relevant law.

Is the service effective?

Our findings

At the last inspection and at this inspection we found people were complimentary about how the care and support staff provided met their particular needs. The rating continues to be Good.

People consistently told us they were confident staff knew how to care and support their specific needs so these were met in the right way. One person told us, "They [staff] do know my needs well and assist me with their knowledge." Another person said, "I get the help I need, they [staff] all seem to know what they are doing." Relatives were also complimentary about how staff used their knowledge and experience when providing care. One relative told us their family member's leg, has healed with their [staff] care and attention."

The registered provider and management team had developed arrangements to ensure new staff had an induction and on-going training to provide them with the skills and support they required. Staff had received training in specific areas of people's needs which included recognising when people required support to meet their mental health needs to reduce their anxieties and improve their sense of wellbeing. One staff member talked about how training in the subject of mental health had given them additional confidence when supporting people with their anxieties and fears. Staff competency checks and one to one meetings were completed as another way of the management team gaining assurances staff were providing effective care and support.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People told us they made their own decisions about their day-to-day care and support, and said staff respected their right to decide. Comments included: "Staff always ask my permission and they respect me" and, "I make my own decisions about what I want to do each day." Staff told us they used various ways of assisting people to express their wishes which included knowing people well enough to understand their body language and facial expressions. One relative talked about how their family member was unable to voice their choices but staff used other ways of gaining how they were feeling and what they needed during aspects of their daily life. One example provided was of how staff considered people's facial expressions and their other senses to support people effectively, such as touch when people needed some reassurance.

The deputy manager told us where people's care plans identified a potential deprivation of liberty. Applications were made to the supervisory body. Where restrictions had been identified deprivation of liberty authorisations had been applied for to ensure any restriction was lawful.

People told us they enjoyed the food and if they did not like the options being offered, they could always have something else. One person told us, "We can have a drink when we want and the food is really good." Relatives were equally happy with the meals. One relative told us, "[Family member] loves the food here, I

have given her lunch today, and pudding comes a bit later which is so much better as it gives time for food to go down. There is always an option if she doesn't want the pudding, yoghurt or something." We saw people chose what to eat and where they wanted to have their meal. When people needed food prepared in a way they could eat without risks attached. For example, some people had their food softened to reduce the risks of choking. Where people were at risk of weight loss they had been referred to a doctor for an assessment of their needs and their weight was monitored.

People told us they had access to health care services. One person told us, "The doctor comes to see me if I am unwell, the carers took me for an eye test. I can't remember when I last had toothache but they check with me sometimes to see if I have." Another person said, "In terms of health care, it is great." A further person told us, "The optician came and did hearing last week, they found I was diabetic when they tested my eyes." This person also told us they had prescribed medicine for their diabetes.

Is the service caring?

Our findings

At this inspection, people continued to receive care and support which was provided in a kind and caring way. The rating continues to be Good.

People told us they had good relationships with staff and although most people commented their first choice would be to live in their own homes recognised to meet their care needs Southcrest was their second choice. One person said, "I like the carers [staff], I feel looked after, they come regularly and are very kind." People confirmed staff treated them well and felt staff took an interest in what they did. We saw smiles on people's faces and people looked comfortable and relaxed in the presence of staff.

Relatives told us they had built good relationships with staff and felt they were offered support when they needed it. One relative said, "The staff are always friendly, whether I phone or see them in person. Nothing is too much trouble and they always have time for me." People were able to maintain relationships with those who mattered to them. Visiting guests were welcome at any time and could join their family members for meals and activities. During our inspection we saw people and visitors enjoying each other's company in communal areas; there were quieter areas if people wanted more privacy.

The management team reflected a caring ethos in how they wanted to improve people's sense of wellbeing and daily lives. For example, the home environment was looking tired so a programme of on-going work was identified to bring about improvements for people so they had a pleasant place to live. This was positive as improvements included refurbishment of bathrooms which would have a positive benefit for people when showering or bathing.

People were encouraged, by staff, to be involved in their own care and express their views. Everyone we spoke with told us staff always offered them choices and involved them in decision making. One person told us when they first came to the home staff talked to them about what they wanted and needed. People told us they felt staff took an interest in what they wanted. One person said, "Staff are friendly here, easy to talk to and ask me what I want, or is it ok to do something. They are a good bunch." Another person said, "I do go to the lounge but sometimes I have been the last person in the lounge, I do like going to the lounge but I spend more time in my room as I don't like being left until last." We saw staff at different times chatting to this person to provide reassurance and were patient as they understood the person required some support. We saw staff knew the people they supported very well and were able to anticipate their needs. Staff spoke about people with warmth, respect and understood their preferences and their care and welfare needs.

People were supported to maintain their dignity through their personal and physical appearance. People's hair and nails were clean and people were dressed in clothes they preferred and in the way they wanted. Staff respected people's confidentiality and privacy. Staff did not disturb people unnecessarily if they chose to spend time in their own room. When staff did go to people's rooms, they knocked first before entering. People had been encouraged to furnish their rooms as they chose, to make them as homely as possible. One person told us, "I do like it here, I have a wardrobe and it's full of my things." Staff were respectful of people's privacy and dignity when providing personal care. One person told us, "They [staff] are very careful

about your privacy." One relative said, "If she needs assistance they [staff] come straight away and are always respectful and conscious of preserving her dignity. If they [staff] do anything the door is closed and all that. She would definitely tell them [staff] if she didn't like it and I feel they [staff] give her the right amount of encouragement."

Is the service responsive?

Our findings

At this inspection, people continued to receive care and support to meet their individual needs at times they preferred. The rating continues to be Good.

People made consistent comments about how they were provided with care which met their specific needs. One person talked about how staff responded to their specific needs by confirming, "The carers [staff] help me pick what I want to wear in the mornings." Another person told us, "The carers [staff] are quite good, they know me well in some ways." Relatives were also positive about how staff knew their family members well which assisted them to receive care which was responsive to their needs. One relative said, "She is not anxious like she was in the previous home, she was always in bed before but here they get her out of bed and into the armchair for short periods which is good."

People's care was planned and reviewed with them and staff knew people's preferences for care and what was important to them. One person told us, "My daughter and the social worker were both involved with my care plan and we all had a talk. I had a form about a month ago with my life history and things like that just to make sure it was correct and hadn't changed." One relative described how their family member's religious needs were met. The relative said, "They [priest] come to give mum holy communion and the priest will come and perform a small mass, she gets regular visits from people she used to know from the church too."

Staff recognised people's individuality and were able to tell us about how they responded to people's individual needs. We saw a nurse recognised through their familiarity of a person's body language and facial expressions they were in pain when they moved. The nurse responded to the person with kindness and offered them some pain relief. Later in the day we saw this person's mood had lifted and they told us their pain had eased and how appreciative they were of the nurses responsive actions to their needs. Additionally, staff told us they had daily meetings to share information about people's needs which included any changes so people continued to be provided with care which met their changing needs.

Some people were cared for in their own personal rooms and we saw staff were available on each of the three floors where rooms were located. People's welfare was checked with care provided by staff in a responsive way without any unreasonable delays which showed the effectiveness of the deployment of staff. One person told us, "They [staff] take me to the toilet, they [staff] wait outside for me and then they [staff] bring me back. I have a call bell and I do use it when I need something, they [staff] come quite quickly usually."

We heard different comments from people about the changes in how people were supported with their diverse interests. Some people told us they were happy with how they were supported with things to do but other people felt there could be some improvements made. One person told us, "I like the TV when it's on and I like to knit." Another person said, "Sometimes they have karaoke, when the sun is out we go out into the garden and we go to the pub sometimes. I wish we could go out on a daytrip but they haven't got their own transport so it's difficult."

Relatives also felt improvements could be made but were happy the registered manager had taken action to drive through improvements. One relative said, "The manager is making improvements with activities which is good." Another relative told us they would like their family member to be further encouraged to join social gatherings which may take place in another part of the home.

People told us how they had experienced different opportunities to be involved in joining together as a group for bingo sessions, listening to music and when the different entertainers came. Additionally, during the day of our inspection we saw one person was supported to celebrate their birthday. We saw other people and staff joined their celebrations. There was music with a person singing tunes people related to and could dance to. However, there were also missed opportunities at times during the morning where staff could have supported people with more things for them to do. The registered manager had already identified improvements were needed to ensure people were consistently supported with fun and interesting things to do. A new activities coordinator was now in post and showed their keenness to get to know people and establish what their interests were.

People we spoke with told us they felt comfortable to raise any complaints or concerns they had with the management or staff team. One person told us they did not have any complaints to make at this time and "I am sure any of them [management or staff] would take note and resolve my concerns." Another person said, "I have family that come and visit me, I would tell them if I was upset. It's my family that get involved in [the] planning of my care with me." One relative told us, "I don't have any concerns but I would go and find the manager if I did." The registered provider had a complaints process in place to investigate and respond to complaints raised. We saw the registered manager used complaints to drive through improvements, such as in how people's clothes were laundered.

Is the service well-led?

Our findings

At this inspection we found people continued to receive good quality care from a staff team who were well led. The rating continues to be Good.

People told us they felt happy with how the registered manager and deputy manager involved them in what happened at the home. One person said, "The manager is very good and will come and have a chat about things. They check I am alright." Another person told us, "Generally I am happy here and it is well run from what I can see." We saw there were different methods whereby people were able to share their thoughts and suggestions about their care. This included a suggestion box and compliment cards were displayed and recorded. Comments included, 'I am always impressed by the way everyone works together to provide the family atmosphere so necessary to ensure the comfort, security and happiness of the residents at such a difficult time in their lives.'

Relatives told us staff and the management were open, and maintained good contact and communication with them. They told us they were invited to events at the home and found staff to be welcoming and polite. One relative said, "Very nice manager and the deputy is nice too. Very friendly and they always have time for a chat." Another relative told us, "The manager is friendly and approachable. They will tell you anything you want to know."

The registered provider had fulfilled their responsibility to ensure a registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. In addition, the Care Quality Commissions ratings from the previous inspection were displayed prominently for people to see.

At the time of our inspection the registered manager was on leave but we were supported during our inspection by the deputy manager. The deputy manager was visible and worked alongside staff which gave them insight into their role and the challenges they faced. Throughout our inspection, the deputy manager showed an honest and responsive approach. For example, in the deputy manager's responses to the issues we raised about the measures in place to reduce cross infections and the potential trip hazards. This was also followed through by the registered manager when they returned from leave as they took action to support the required improvements. Since being appointed as registered manager, she had made a number of positive changes, including the improvements to staff training delivery and the systems in place to check staff competencies.

Staff continued to feel supported in their roles. They shared common values in wanting to give people the best possible care and support they could. One staff member said, "Really caring staff and management. A good team." Staff understood what they needed to do to report poor practice and told us they had access to a confidential whistleblowing telephone number. They told us they found the registered manager supportive and would not hesitate to speak with them if they did have concerns.

Systems were in place, which continued to monitor and assess the quality of the service provided. Regular quality checks were completed and were monitored by the management team. We saw quality checks and an analysis of accidents and incidents supported people to receive safe and effective care. One example was the detailed analysis of accidents and incidents so actions could be taken to reduce risks to people's safety. One person had experienced a fall and they were referred to their doctor so their medicines could be reviewed as one method of reducing similar incidents. Another example was noted in the provider's regular quality checks. We saw the provider had commented on carpets needing replacing wherever they were worn in their August 2017 environmental checks. However, whilst this is in progress as reported in the key question of 'safe' in some places these had now become a potential trip hazard. These areas of carpet required attention until new carpets had been purchased to reduce risks to people who lived at the home, visitors and staff's safety.

We spoke with people, staff and the deputy manager about any improvements that had been made since our last inspection. One example provided was the redecoration of the first floor lounge area. The improvements had a positive impact for people as the repositioning of the television and chairs supported people to see the television screen with ease and comfort. One relative summed up their thoughts by stating, "It's not a palace but the home and the carers [staff] have [a] heart" and "Who cares about the decoration as long as the care is good."